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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | X3) DATE SURVEY COMPLETED 01/30/2015 |
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| NAME OF PROVIDER OR SUPPLIER WHITLOCK PLACE | STREET ADDRESS, CITY, STATE, ZIP CODE 1719 S ELM ST CRAWFORDSVILLE, IN 47933 |
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| R000000 | <p>This visit was for the Investigation of Complaint IN00164007.</p> <p>Complaint IN00164007 - Substantiated. Residential deficiency related to the allegations is cited at R144.</p> <p>Survey date: January 30, 2015</p> <p>Facility number: 004419 Provider number: 004419 AIM number: N/A</p> <p>Survey team: Connie Landman RN-TC</p> <p>Census bed type: Residential: 44 Total: 44</p> <p>Census payor type: Other: 44 Total: 44</p> <p>Sample: 1</p> <p>This Residential finding is cited in accordance with IAC 16.2-5.</p> <p>Quality review completed 02/03/2015 by Brenda Marshall, RN.</p> | R000000 | | |
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| R000144 | <p>410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency (a) The facility shall be clean, orderly, and in a state of good repair, both inside and out, and shall provide reasonable comfort for all residents.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident's room was kept clean and orderly to provide reasonable comfort for 1 of 1 resident reviewed for room cleanliness in a sample of 1 (Resident B).</p> <p>Findings include:</p> <p>The record for Resident B was reviewed on 1/20/15 at 11:50 a.m. Diagnoses included, but were not limited to mental disorder and dementia.</p> <p>During an observation of Resident B's apartment on 1/30/15 at 8:40 a.m., the living area floor was littered with plastic bags and cardboard boxes. Some bags and boxes contained shredded newspapers and other items. The kitchenette counter was cluttered with papers, books, silverware, and bananas. An empty urinal was stored on top of a radio that had been placed on the kitchen counter. A urinal full of urine was on a table next to the resident's bed.</p> <p>During an interview with LPN # 1 on</p> | R000144 | <p>Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.</p> <p>R 144</p> <p>410 IAC 16.2-5-1.1(a)</p> <p>Sanitation and Safety Standards</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by this deficient practice?</p> | 03/02/2015 |
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| | <p>1/30/15 at 8:25 a.m., she indicated Resident B visited his previous home on occasions and would return with more boxes.</p> <p>During an interview with CNA # 2 on 1/20/15 at 8:30 a.m., she indicated when staff cleaned the apartment, Resident B did not allow them to remove the boxes, bags and papers from the apartment and did not maintain cleanliness of areas he allowed them to clean.</p> <p>During an interview with Resident B in his apartment on 1/30/15 at 8:35 a.m., he indicated 2 dead mice were removed that morning, and more traps were placed in his apartment. He indicated he would like to "get rid of the mice."</p> <p>A current undated facility policy, titled "Service Procedures for Pest Situations," was provided by the Executive Director on 1/30/15 at 11:55 a.m. The policy indicated: The following procedures will be followed when a pest situation is encountered at the facility...Rodent Concerns:...7) Any rodent activity will be reviewed with the contact individual along with any recommendations as to structural or sanitation changes that need to be made...."</p> <p>This residential tag refers to Complaint</p> | | <p>Immediately after the report of concern that there were mice in Resident B's apartment, the community contracted exterminator was contacted, and traps were placed in the resident's apartment. The day of this survey (1/30/2015), two mice were removed from a trap placed in resident B's apartment. Housekeeping removed excess plastic bags, cardboard boxes, shredded and newspapers. The Community Service Manager and Executive Director met with Resident B on 3/2/2015 and reviewed a Negotiated Risk Assessment with him in regards to allowing staff to remove trash from the room and the health risks associated with placing a urinal around food items. Resident B has agreed to allow housekeeping services to remove trash and excess boxes and paper from his room.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>A log that is provided by the community's pest management vendor will be maintained to track areas of the community that pests are noted in, and to notify the</p> | | | | |

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| | IN00164007. | | <p>exterminator of areas of concern in the community. Whitlock Place will cooperate with any recommendations from our pest control experts to control any pest situation. The ED or designee will assure maintained compliance with this system.</p> <p>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur?</p> <p>The ED or designee will assured maintained compliance with this system. A housekeeping check list card has been implemented to leave in apartments after housekeeping services has visited weekly. This card includes a check list for the staff to Dust all surfaces, vacuum apartment, empty trash, clean toilet, clean shower, clean bathroom floor, clean sink. There is a place for resident comments. Residents are encouraged to bring these cards to the concierge to evaluate housekeeping services.</p> <p>How will the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> | | | | |

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| | | | <p>The ED or designee will review the returned housekeeping check list cards to ensure resident satisfaction, and perform random weekly audits the community. This process will be reviewed through the Whitlock House QA program. The ongoing monitoring plan will be determined on an ongoing basis by the Quality Assurance committee during monthly meeting. Findings suggestive of compliance will result in cessation of the monitoring plan.</p> <p>By what date will the systemic changes be completed? 3/02/2015</p> | | |